DEVELOPMENTAL COUNSELING FORM For use of this form, see FM 22-100; the proponent agency is TRADOC DATA REQUIRED BY THE PRIVACY ACT OF 1974 AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates. For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary. ROUTINE USES: DISCLOSURE: Disclosure is voluntary. PART I - ADMINISTRATIVE DATA Name (Last, First, MI) Rank/Grade Social Security No. Date of Counseling Name and Title of Counselor Organization PART II - BACKGROUND INFORMATION Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.) PLDC Preparation To: - Prepare SPC ______ for PLDC. - Congratulate soldier on performance at promotion board. - Inform soldier that PLDC class will begin on (Date)_ PART III - SUMMARY OF COUNSELING Complete this section during or immediately subsequent to counseling. **Key Points of Discussion:** Preparation: - Review PLDC Checklist. DX unserviceable TA-50. Schedule interview with 1SG / CSM. Coordinate Unit Level APFT with 1SG and Training NCO. Work on giving PT, conducting Drill and Ceremonies, conduct basic land navigation course, review PMI, and practice conducting a class. Inspect all equipment for serviceability.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Note: Both the counselor and the individual counseled should retain a record of the counseling.		
Counselor:	Individual	Date of
	of action achieve the desired results? TI ful information for follow-up counseling.)	nis section is completed by both the leader and the individual
		OF THE PLAN OF ACTION
Signature of Counselor:		Date:
- Provide a sponsor (recent	PLDC graduate if possible) to the sold	ier.
 Assist soldier in preparin Conduct diagnostic APFT Schedule appointment wi 	g for all evaluation areas in PLDC.	
Leader Responsibilities: (Le	eader's responsibilities in implementing the	e plan of action.)
Signature of Individual		Date:
Individual counseled remark	S:	
Individual I	agree disagree with the information	above.
	er summarizes the key points of the sessi s and provides remarks if appropriate.)	on and checks if the subordinate understands the plan of action. The
- Paying bills.		
- Storage of POV and person	onai property.	
- Obtain orders and meal of	·	
- Conduct Diagnostic APF		
	prepared for my inspection on (Date)	·
- Prepare your class for my		
-	ice a week beginning next week.	
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